

DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DIVISION OF AIR AND WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH

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STAGE I and STAGE II VAPOR RECOVERY SYSTEMS NOTIFICATION

File Code: 04A

Approval is required to install new or upgrade existing vapor recovery systems. Existing, newly upgraded and newly installed vapor recovery systems must be maintained in accordance with Delaware's Vapor Recovery Regulations. To determine what is required, please fill out all appropriate sections and submit to the Department Engineer for review.

UST Facility Identification #		Owner's Name	
Facility Name		Street	
Street		City	StateZip
City	Zip	Phone	Fax
CountyP	hone	Contact Person	
UST Operator		Contractor (Compan	y)
Name/Corporation:		Contact Person	
Contact Person		Street	
City	State Zip	City	State Zip
Phone	Fax	Phone	Fax
	: □ Vapor Balance ate CARB Executive Orde		Other (Explain) nts wherein approval is given for
CARB Executive Order	#s:		of 3)
Exhibit #:		(Balance Only)	
If you do not know the C	ARB Executive Order Nu	mbers, provide the name of	the system below:

For Existing UST Systems Only: Does the existing UST System have operating cathodic protection devices associated with the tanks and/or lines? \square No ☐ Yes Note: If underground work is performed at or near a cathodically protected site, the cathodic protection system must be remonitored within six (6) weeks after work completion and at least once every twelve (12) months thereafter. DESCRIPTION OF PROPOSED VAPOR RECOVERY WORK: CERTIFICATION: I, The UST Owner, certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. UST Owner's Signature ______ Date_____ Print or Type Name & Title: FOR OFFICIAL USE ONLY Date Received _____ Stage I Permit Required: Yes Stage II Permit Required: Yes No No